

HAB HIV Core Clinical Performance Measures for Adult/Adolescent Clients: Group 1



Performance Measure: HAART		OPR Measure: #12a																					
Percentage of clients with AIDS who are prescribed HAART																							
Numerator:	Number of clients with AIDS who were prescribed a HAART regimen ¹ within the measurement year																						
Denominator:	Number of clients who: <ul style="list-style-type: none">• have a diagnosis of AIDS (history of a CD4 T-cell count below 200 cells/mm³ or other AIDS-defining condition²), and• had at least one medical visit with a provider with prescribing privileges³, i.e. MD, PA, NP in the measurement year.																						
Patient Exclusions:	1. Patients newly enrolled in care during last three months of the measurement year																						
Data Element:	1. Is the client diagnosed with CDC-defined AIDS? (Y/N) 2. If yes, was the client prescribed HAART during the reporting period? (Y/N)																						
Data Sources:	<ul style="list-style-type: none">• Program Data Report, Section 2, Items 26 and 31 may provide data useful in establishing a baseline for this performance measure• Electronic Medical Record/Electronic Health Record• CAREWare, Lab Tracker, or other electronic data base.• HIVQUAL reports on this measure for grantee under review• Medical record data abstraction by grantee of a sample of records																						
National Goals, Targets, or Benchmarks for Comparison	<p>IHI Goal: 90%⁴</p> <p>CDC and HIVRN data consistent that 80% of those in care “eligible for ARVs” on tx. This includes CD4<350 and not just AIDS.^{5,6}</p> <p>National HIVQUAL Data:^{7,8}</p> <table><tr><td></td><td>2003</td><td>2004</td><td>2005</td><td>2006</td></tr><tr><td>Top 10%</td><td>100%</td><td>100%</td><td>100%</td><td>100%</td></tr><tr><td>Top 25%</td><td>100%</td><td>100%</td><td>100%</td><td>100%</td></tr><tr><td>Median*</td><td>100%</td><td>88.9%</td><td>95.7%</td><td>100%</td></tr></table> <p>*from HAB data base</p>				2003	2004	2005	2006	Top 10%	100%	100%	100%	100%	Top 25%	100%	100%	100%	100%	Median*	100%	88.9%	95.7%	100%
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Outcome Measures for Consideration:	<ul style="list-style-type: none">◦ Rate of opportunistic infections in the measurement year◦ Rate of HIV-related hospitalizations in the measurement year◦ Mortality rates																						
Basis for Selection and Placement in Group 1:																							
“Randomized clinical trials provide strong evidence of improved survival and reduced disease progression by treating symptomatic patients and patients with CD4 T-cells <200 cells/mm ³ .” ⁹																							
Measure reflects important aspect of care that significantly impacts survival, mortality and hinders transmission. Data collection is currently feasible and measure has a strong evidence base supporting the use.																							
US Public Health Service Guidelines:																							

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“Antiretroviral therapy is recommended for all patients with history of an AIDS-defining illness or severe symptoms of HIV infection regardless of CD4 T-cell count.”¹⁰

References/Notes:

¹Many authorities recommend two baseline CD4 T-cell measurements before decisions are made to initiate antiretroviral therapy because of wide variations in results. The test should be repeated yet a third time if discordant results are seen. The optimal time to initiate antiretroviral therapy among asymptomatic patients with CD4 T-cell counts >200 cells/mm³ is unknown. This measure focuses strictly on the subset of patients for whom antiretroviral therapy is unequivocally recommended—those with a CD4 T-cell count below 200 cells/mm³ or history of another AIDS-defining condition. Asymptomatic patients with CD4 T-cell counts of 201–350 cells/mm³ should be offered treatment. For asymptomatic patients with CD4 T-cell of >350 cells/mm³ and plasma HIV RNA $>100,000$ copies/ml most experienced clinicians defer therapy but some clinicians may consider initiating treatment. (See reference 8 below)

²AIDS Defining conditions are noted in CDC. 1993 Revised classification system for HIV infection and expanded surveillance case definition for AIDS among adolescents and adults. MMWR 1992;41(no. RR-17). (<http://www.cdc.gov/mmwr/preview/mmwrhtml/00018871.htm>)

³A “provider with prescribing privileges” is a health care professional who is certified in their jurisdiction to prescribe ARV therapy.

⁴IHI Measure reads, “Percent of Patients with Appropriate ARV Therapy Management”
<http://www.ihl.org/IHI/Topics/HIVAIDS/HIVDiseaseGeneral/Measures/PercentofPatientswithAppropriateARVTherapyManagement.htm>

⁵Gebo, JAIDS January 2005, vol. 38, pp. 96-103.

⁶Teshale Abstract #167, CROI 2005.

⁷The National HIVQUAL data may not be directly comparable due to varying exclusions. Indicator definitions can be accessed at <http://www.hivguidelines.org/Content.aspx?PageID=53>.

⁸<http://www.hivguidelines.org/admin/files/qoc/hivqual/proj%20info/HQNatlAggScrs3Yrs.pdf>

⁹“HAART, CD4 <200 ”
(<http://www.hivguidelines.org/admin/files/qoc/hivqual/proj%20info/HQNatlAggScrs3Yrs.pdf>)

¹⁰Panel on Antiretroviral Guidelines for Adult and Adolescents. Guidelines for the use of antiretroviral agents in HIV-infected adults and adolescents. Department of Health and Human Services. December 1, 2007; p. 9. Available at <http://aidsinfo.nih.gov/ContentFiles/AdultandAdolescentGL.pdf>. Accessed December 12, 2007.